

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

57467

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number 015-006067

GENERATOR (Generator Must Complete)

2 Name ALUMINUM CO. OF AMERICA VERNON WORKS
EPA NO. CAD0074126681
Address 5151 ALCOA AVE. Phone No. 588-6141
City, State, Zip VERNON, CA. 90058

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name OPERATING INDUSTRIES INC.
EPA NO. CAD0080012024
Address 900 N. POTRERO GRANDE DR.
City, State, Zip MONTEREY PARK, CA.

4 Alternate TSD Facility

CHEMICAL WASTE MANAGEMENT INC.
SFUND RECORDS CTR 999000995
EPA NO. CAT000646117
Address P.O. BOX 1104 430 W. ELM AVE.
City, State, Zip COALINGA, CA

5 U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE			100 BALS		TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

6 WASTE CATEGORY #7	7 EX. HAZ. WASTE PERMIT NO.	8 GENERATING PROCESS ALUMINUM FABRICATION
LIST COMPONENTS:	CONC. UPPER	RANGE LOWER
9 A. MUD	50	
B. LUBRICANT	50	
C.		
D.		
10 WASTE PROPERTIES: pH 7	<input type="checkbox"/> Toxic	<input type="checkbox"/> Flammable
11 PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge	<input type="checkbox"/> Corrosive/Irritant	<input type="checkbox"/> Reactive
12 SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator	<input type="checkbox"/> Other	Non Hazardous Material 100 %

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13 Signature of Authorized Agent and Title K. Jump
Date Shipped 11-2-82

TRANSPORTER (HAULER MUST COMPLETE)

14 NAME ASBURY OIL CO.
EPA NO. CAD0028277036
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392
CITY, STATE, ZIP Gardena, California 90249

15 PICK-UP DATE 11-2-82
TIME ☐ AM ☐ PM
Date 11-2-82

16 Signature of Authorized Agent and Title J. H. Denny

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

17 NAME OPERATING INDUSTRIES INC.
EPA NO. CAD0080012024
PHONE NO. 588-6141
18 QUANTITY (If Measured) 100 BALS
19 STATE FEE (If Any)

21 HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 NAME
EPA NO.

23 Signature of Authorized Agent and Title M. H. H. H.
Date Accepted 11-2-82

ORIGINAL